

Connecticut EMS Coordinator Committee

MINUTES

3/8/12 & 3/16/12

1230-1445

CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1235
ATTENDEES	Barkinsky Zacchera, Letitia, Larcheveque, Gambino, Henschke, Quinlavin, Kellogg, Burns

Guests: K.Brown (OEMS), D. Bailey (DPH)

Agenda topics;

10 MINUTES COMMITTEE REPORTS EDUCATION & TRAINING
Did not meet prior to this meeting ALAN HENSHKE

DISCUSSION	Tourniquets for EMR, Selective Spinal Guidelines, SCT, Clinical Competencies, DNR	
SCT being actively discussed as it enters its last revisions, Selective spinal was brought to CEMSMAC by Alan for discussion and their approval.		
Tourniquets for EMR level plus training for all levels on tourniquets. AEMT discussion on moratorium on new courses and not supporting 2009 Scope of Practice changes		
CONCLUSIONS	Moratorium on new classes; however, issue is AEMT is still a viable level in CT with recertification and new course T-1. Changes need to be made at State level.	
The EMS Coordinator Group needs to be actively involved in the SSI, SCT, Tourniquets and AEMT process at the Clinical Coordinator Level.		
Coordinator questionnaire showed that 20 Sponsor Hospitals accept CEMSMAC opinion on AEMT and 8 do not		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henshke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes	Group	10/ 13/2011

10 MINUTES COMMITTEE REPORTS
 EMS ADVISORY/CEMSMAC LARCHEVEQUE

DISCUSSION	Discussion on committee structure. Who should be on committee and how to reach out to get a more diverse representation? Clinical Coordinators should be represented and have a vote on topics discussed. Clinical Coordinators will have a representative at every meeting.
Trauma discussion on new Triage Guidelines, Scope of Practice with an Excel Spread sheet on changes- nasal airways out for EMR, CPAP for EMT, NG, OG tubes. Accepted Pulse Oximetry for EMT, Ventilators out for EMT in for paramedic, Hemorrhage control with haemostatic agents approved all levels. Epi pens not in Scope but remain as written in regulations, Auto Injectors for organophosphates will remain as in current practice. Central IV ports in scope but will remain in SCT and standard paramedic practice. Central monitoring only at paramedic level. IV fluid monitoring can be at EMT level is not currently in Scope of Practice. Heparin locks removed from SOP and will be at CT standard practice. Internal cardiac pacing monitoring only at P level. Therapeutic Hypothermia may be added at Scope of practice for paramedics only.	
SSI- Scope of practice tabled (should it be in Scope of Practice?) LVAD- should be taught at all levels how to treat patients with them. PASG/MAST removed from scope. Needle crich access is national SOP excludes surgical or Quikktach where in CT both are used.	
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.
Need more Medical Directors to look at the new Scope of Practice for EMT & AEMT and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels. Also paramedic level must be looked at by local Medical Directors on where they want their sponsored services to go in the future.	

The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible. Blood glucose monitoring not in SOP will still need OEMS approval at EMT level. Thrombolytics retained in SOP and state/local control. Foleys not discussed.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Will evaluate as all state subcommittees have input. Need to make sure services comply with EMS Advisory & CEMSMAC	Committee	ASAP
Survey from Clinical coordinators brought to EMS Advisory and CEMSMAC for their information		Chairman has brought survey forward for EMS Advisory/CEMSMAC and OEMS information

2 HOURS

EMS-C

T.RUSSELL/BAILEY

DISCUSSION	Facility Designation regarding Facilities Pediatric Capabilities- Designation people may come to EMS-C conference in Rocky Hill; however, Saturday a difficult day for Hospital Administrators to come. Need to look at Special Needs Children and best destination for them. Facility designation issue may be cost for some hospitals as special pediatric equipment may be needed at lower level facilities which may increase costs for hospitals. Such as: Pediatric Femur splint, pediatric central lines, charts specific for children regarding medications/equipment.	
	New EMS-C chairperson from Hartford Hospital ED	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Clinical Coordinator group must follow this closely in order to obtain standards at each level for each CT Sponsor Hospital to determine what level each will attempt to become.	Committee	October 2012
With a new Chairperson EMS-C will be moving forward at an increased speed and the Clinical Coordinator group must be involved		Monitor going forward

10 MINUTES

TRAUMA

JANE WINTERS

DISCUSSION	American College of Surgeons support the New Trauma Triage position	
	Level one and Level two are synonymous in CT; however, CDC is different in procedures at each level	
	CEMSMAC approved American college of Surgeons new guidelines. Trauma Conference as of meeting had a very low sign up. Unusual compared to other conferences.	
CONCLUSIONS	Clinical Coordinators must be prepared for New Trauma Triage Guidelines	
	A subcommittee is being formed to look at Trauma data esp. elderly falls, pedestrian struck, motorcycle crashes	
	Dr.Teel to capsule data for evaluation of significant data	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continue to monitor and assist the trauma committee with EMS issues	Jane Winters	Ongoing

90 MINUTES

COMMITTEE

COMMITTEE

DISCUSSION	Operation sail in Norwalk with multiple ships with a lot of visitors in July
	CMED- Narrow banding a requirement for CMED and services going forward

If State Fire Academy is holding CPAT testing in a Sponsor Hospital area and they are doing EMT skills prior to local service EMS response they must go through the supplemental EMT process

CONCLUSIONS

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

Clinical coordinators must be involved in all aspects of EMS care in Connecticut

Chairman

ASAP

Clinical Coordinators need to put together a list of Narcotic questions and/or issues for Consumer Protection ASAP. ***Consumer Protection will return to the Clinical Coordinator Group meeting on 6/14/12 to discuss questions/concerns***

Sponsor Hospital EMS Coordinator Group

Now

MEETING CALLED

1420 by Chairman Russell

RESOURCE PERSONS

Chairman Russell

SPECIAL NOTES

Next meeting scheduled 4/12/2012 at CHA